

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

| | | | | | |
|---|--|--|--|---|---------------------------|
| NAME OF COMMITTEE (In Full) CREDO SUPERPAC | | | FEC IDENTIFICATION NUMBER ▼ C C00507517 | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | | | | | |
| Full Name of Payee Alliance Graphics | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div> | | |
| Mailing Address 1101 8th Street, Suite 100 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1035.62</div> | | |
| City Berkeley | | State CA | Zip Code 94710 | | Transaction ID : SE.16409 |
| Purpose of Expenditure Printing | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | | Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div> | |
| Name of Federal Candidate CORY GARDNER | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">50932.05</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Credo Mobile | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div> | | |
| Mailing Address 101 Market Street Suite 700 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2298.81</div> | | |
| City San Francisco | | State CA | Zip Code 94105 | | Transaction ID : SE.16410 |
| Purpose of Expenditure Phones | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | | Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 14 / 2014</div></div> | |
| Name of Federal Candidate CORY GARDNER | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">53230.86</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">3334.43</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Becky Bond</u> <div style="text-align: center;">[Electronically Filed]</div> | | | Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 15 / 2014</div></div> | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) CREDO SUPERPAC | | FEC IDENTIFICATION NUMBER ▼ C C00507517 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee Progressive Campaign Leadership | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014 | |
| Mailing Address 2446 University Ave. W., Suite 170 | | Amount 8290.65 | |
| City St. Paul | State MN | Zip Code 55114 | Transaction ID : SE.16408 |
| Purpose of Expenditure Canvassing | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014 | |
| Name of Federal Candidate CORY GARDNER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | |
| Calendar Year-To-Date Per Election for Office Sought 49896.43 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|---|----------------------------------|
| Full Name of Payee The Spoken Hub | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014 | |
| Mailing Address PO Box 615 | | Amount 700.00 | |
| City Manhasset | State NY | Zip Code 11030 | Transaction ID : SE.16407 |
| Purpose of Expenditure Phones | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2014 | |
| Name of Federal Candidate CORY GARDNER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO | |
| Calendar Year-To-Date Per Election for Office Sought 41605.78 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 8990.65 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

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| FOR SE OF FORM 24/48 | | | |

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|---|--|---|--|
| NAME OF COMMITTEE (In Full) CREDO SUPERPAC | | FEC IDENTIFICATION NUMBER ▼ C C00507517 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/> | |

| | | | |
|--|--|---|---------------------------|
| Full Name of Payee The Spoken Hub | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address PO Box 615 | | Amount <input type="text"/> | |
| City Manhasset | State NY | Zip Code 11030 | Transaction ID : SE.16411 |
| Purpose of Expenditure Phones | Category/ Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Name of Federal Candidate CORY GARDNER | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <input type="text"/> CO | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <input type="text"/> | |

| | | | |
|--|--|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address | | Amount <input type="text"/> | |
| City | State | Zip Code | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Purpose of Expenditure | Category/ Type <input type="text"/> | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="text"/> | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ <input type="text"/> | |

| | |
|---|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <input type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures..... ▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

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Signature